DOCUMENT RESUME

ED 286 140 CG 020 224

AUTHOR Craig, Mary E.; And Others
TITLE To Report or Not To Report: Further Studies of Mental Health Professionals and Child Abuse.
PUB DATE Mar 87
NOTE 11p.; Paper presented at the Annual Convention of the Southeastern Psychological Association (33rd, Atlanta, GA, March 25-28, 1987). Document has light, small print.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; *Compliance (Legal); Human Services; Influences; Legal Responsibility; *Mental Health Clinics; Parent Child Relationship; *Professional Personnel; *Sexual Abuse
IDENTIFIERS *Child Abuse and Neglect Reporting

ABSTRACT

Although all states require professionals providing human services to report cases of suspected child abuse, studies have shown that many professionals selectively report cases of child abuse. A study was conducted to examine professionals' tendency to report suspected child abuse and their attribution of responsibility for child abuse as a function of victim age, type of abuse, and level of certainty that abuse is occurring. Differences in reporting between licensed and non-licensed clinicians were also investigated. Clinicians (N=101) from three community mental health centers in Florida read an experimentally controlled vignette which manipulated victim's age, type of abuse suspected, and the child's reaction to questions about abuse. Subjects rated their tendency to report the abuse and how confident they were that abuse was occurring; indicated factors influential in their reporting decision; and assigned responsibility to the father/offender, mother/spouse, child/victim, and to society. Eighty-one percent of respondents stated that they would tend to report the abuse; victim age and type of abuse (physical, sexual) did not significantly affect tendency to report. Tendency to report differed significantly by child's reaction to questions. Confidence that abuse was occurring was significantly associated with tendency to report. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED286140

To Report or Not to Report: Further Studies of Mental Health Professionals and Child Abuse

Mary E. Craig
University of South Carolina

Seth C. Kalichman
Northside Community Mental Health Center, Tampa, Florida

Diane R. Bollinqstad
University of South Carolina

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Mary E. Craig

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 020224

Paper presented at the 33rd meeting of the Southeastern Psychological Association, March 1987, Atlanta

The authors wish to thank Northside Community Mental Health Center, Tampa, Fl., Hillsborough Mental Health Center, Tampa, Fl., and Broward County Mental Health Division, Hollywood, Fl. for their participation in this project. We are indebted to Tony Broskowski for his support in this research.

Address correspondence to Seth Kalichman, Psychology Department, University of South Carolina, Columbia, SC, 29208.

To Report or Not to Report: Further Studies of Mental Health Professionals and Child Abuse

Mental health professionals are likely to have contact with cases of child abuse. All states require professionals providing human services to report cases of suspected child abuse (Swoboda, Elwork, Sales & Levine, 1978). Although these laws explicitly state that reporting is mandatory, several studies have indicated that many professionals selectively report cases of child abuse (Swoboda, Elwork, Sales, & Levine, 1978; James, Womack, & Stauss, 1978; Muehleman & Kimmons, 1981; McPherson & Garcia, 1983; Turbett & O'Toole, 1983; Williams, Osborne & Rappaport, 1985).

Several factors influencing professionals' tendency to report cases of child abuse have been discussed. Concerns over disrupting the process of treatment and questions about the effectiveness of agency interventions have been indicated to influence clinicians' tendency to report (Swoboda et al., 1978; James et al., 1978; Kalichman & Craig, 1986). Also, situational factors specific to individual cases may effect decisions to report. For example, Nightingale and Walker (1986) indicated that reporting cases of child abuse by Head Start personnel is influenced by the type of abuse suspected. Children who are suspected to be victims of neglect were less likely to be reported than those suspected to be victims of sexual or physical abuse. The effects of education level, job status and inservice training programs on tendency to report have also been discussed (Nightingale & Walker, 1986).

Kalichman and Craig (in press) indicated significant differences between licensed and non-licensed professionals in reporting incestuous abuse. Twenty-five percent of the non-licensed mental health professionals sampled within mental health centers indicated that they would not report a case of incestuous abuse if they became aware of it, while all of the licensed professionals surveyed stated they would report such a case. Among those non-licensed clinicians not reporting, their reasons for not reporting centered around protecting the child/victim and feeling that treatment would be disrupted. Kalichman and Craig also indicated that subjects attributed a substantial amount of responsibility for father-daughter sexual abuse to the mother in incestuous families (20%). Daughter/victims were attributed significant levels of responsibility for their abuse and subjects attributed significantly more responsibility to adolescent victims (8%) than child victims (2%).

Results from our previous investigations have raised a number of questions (Kalichman & Craig, 1986, in press). First, the discrepancies in reporting between licensed

T COPY AVAILABLE

professionals in the Kalichman and Craig study and the professionals in other studies are not clear. These differences may be a function of sampling procedures, measurement differences or both. Previous studies have collected data from professionals attending conferences and have utilized vignettes as instruments (Swoboda et al., 1978; Nightingale & Walker, 1986). Kalichman and Craig sampled subjects within mental health centers where clinicians are held responsible by center policies as well as the law. They also asked subjects to direct their responses to cases of incestuous abuse in general, rather than to situations presented in vignettes. Second, with regard to responsibility attribution, no study prior to Kalichman and Craig (1986) has investigated the mother in an abusive situation as a potential source of attributed responsibility. Because of the important role that mothers play in both the theoretical understanding of abuse and in treatment, this result calls for replication. Finally, subjects were asked to assign their responsibility attributions under three conditions of victim age, but the manipulation was within subjects. Therefore, subjects were able to use their previous response as a reference point in making their next response. Order effects were not controlled for and operationalization of ages was not provided.

The purpose of the present study is to investigate professionals' tendency to report and their attribution of responsibility for child abuse as a function of victim age, type of abuse, and level of certainty that abuse is occurring. Also, Differences in reporting between licensed and non-licensed clinicians are investigated.

Method

One-hundred and one clinicians working within three community mental health centers in Florida participated in this study. Subjects consisted of Bachelors level mental health technicians (39%), Masters level therapists (41%), registered nurses (10%), Ph.D. Clinician Psychologists (7%) and Psychiatrists (3%). Subjects' professions were equally represented across participating centers. All subjects provide clinical services to either children or adults or both.

Each subject completed an experimentally controlled vignette with 3 systematically manipulated factors (Alexander & Becker, 1978). The first factor was the victim's age, defined as five, ten, or fifteen years old. The second factor was the type of abuse suspected and was operationalized as a teachers' report of either suspected physical or sexual abuse. The third factor was the child's reaction when questioned about her relationship with her

father. The first condition presented a situation in which the child described her abuse in detail during an interview. In the second condition the child cried and refused to discuss her suspected abuse. Subjects were randomly assigned to vignette conditions within a 3 X 2 X 2 factorial design. The five year old, sexually abused victim under high certainty vignette is presented in figure 1.

Insert figure 1 about here

Subjects rated their tendency to report the abuse and how confident they were that abuse was occurring on a 6 point likert scale. Subjects were asked to indicate factors which they believed were most influential in their decision to report. Subjects also assigned relative percentages of responsibility to the father/offender, mother/spouse, daughter/victim and society (Alexander, 1980; Steinman, 1981).

Results

Tests of heterogeneity of variance between vignette conditions suggested that subjects' responses to the degree of confidence and tendency to report items be converted to categorical variables. Converted responses reflect either a high degree of confidence that abuse is occurring or a low degree of confidence and either a tendency to report or not to report.

Nonparametric analyses indicated that the victim's age and type of abuse did not significantly effect subjects' degree of confidence that abuse actually occurring. The child's reactions to questions about her relationship with her father did significantly effect levels of confidence (χ^2 =3.7, $p < .05$). This result indicates that subjects in the condition where the victim cried when questioned was less likely to be viewed as actually being abused than when the victim described her abusive situation. In addition, most subjects (86%) indicated that the child's reactions during the interview were more important in determining their level of confidence than her appearance and the teachers suspicion of abuse.

Eighty-one percent of the clinicians stated that they would tend to report the presented case of child abuse. Analyses indicated that victim age and type of abuse did not significantly effect tendency to report. However, tendency to report was significantly different between the descriptions of the child's reactions (χ^2=16.5, $p < .001$). Subjects in the condition where the child cried and refused to talk were less likely to report than in the condition where she described her abuse.

How confident subjects indicated they were that abuse was actually occurring was significantly associated with their tendency to report (X^2=24, p <.001). All subjects strongly suspecting abuse responded that they would report the case. Sixty-one percent of subjects reporting indicated that the factor most influential in their decision to report was their legal obligation to do so. In contrast, subjects not reporting indicated that the factor most influential in their decision to report was the degree of confidence they had in the occurrence of abuse (89%).

The relationship between subjects' professional status and tendency to report was investigated. Table 1 presents subjects within each professional group reporting and not reporting. Of the mental health professionals in this sample not reporting, there were 16 Bachelors and Masters level counselors, one Ph.D Psychologist and one Psychiatrist. Significance tests were not performed because of disproportionate cell sizes.

Insert table 1 about here

With regard to attribution of responsibility for child abuse, a multivariate analysis of variance was performed with victim age, type of abuse and the child's reactions during the interview as independent variables and responsibility attributed to the father, mother, daughter, and society as dependent factors. Type of abuse was the only significant multivariate effect indicated in the analysis (F= 5.07, p < .001). Univariate tests indicated that sexually abusive fathers were blamed significantly more (mean= 71%) than physically abusive fathers (mean= 60%). In contrast, mothers were blamed significantly more under the physical abuse condition (mean= 38%) than in the sexual abuse condition (mean= 17%) (F=4.99, p <.05).

Discussion

Results of this study replicate those of prvious investigations of mental health professionals' tendency to report and attitudes towards child abuse (Kalichman & Craig, 1986, in press). Clinicians having a high potential for having contact with victims and families of child abuse tend to report cases of suspected abuse, but decisions to report seem effected by situational factors. Although state mandatory reporting laws require professionals to report cases of suspected abuse (Florida State Statutes ann., 1983), the clinicians in this study were less likely to report when they felt uncertain that abuse was occurring. Describing the child as responding to questions about her family by crying and acting fearful resulted in several clinicians' tending not to report. These results suggest

that clinicians may choose not to report cases when the child does not give a verbal report of her abuse. Because many children are likely to react to questions about their abuse with fear and distress (Pierce & Pierce, 1985), confidence that abuse is occurring should have been the same across conditions.

Interestingly, there were no differences between the sexual and physical abuse conditions in tendency to report. This result suggests that differences in reporting between Kalichman and Craig's (1986) sample and the samples reported in other studies were not a function of specifying the type of abuse. It is still possible that the discrepancy between results was a function of sampling differences rather than measurement differences. Previous research has sampled clinicians from professional associations rather than treatment centers. Clinicians employed within community mental health centers are held accountable by center policies as well as the law. This double set of constraints may account for some of the observed differences. Future research may empirically investigate the differences between sampling procedures.

As indicated in previous studies (Kalichman & Craig, 1986; Nightingale & Walker, 1986), the importance of training clinicians in identifying and reporting cases of child abuse is suggested. The effects of level of training on reporting were replicated in this study, with higher level professionals being more likely to report. Of particular interest are the 12% of subjects not reporting but stating that they were relatively confident that abuse was occurring. Contrary to previous research (Swoboda et al., 1978; James et al., 1978; Muehleman & Kimmons, 1981), clinicians in this study were not especially concerned over the effects that reporting may have on the theraputic relationship. Subjects not reporting were mostly concerned over how accurate their perception of the abuse was. Inservice training may focus on the liability involved in failing to report cases of suspected abuse and the realistic outcomes that may result from reporting cases.

Results replicated relatively high levels of responsibility attributed to mothers in abusive families. Mothers were blamed significantly more in physically abusive situations. This suggests that clinicians may perceive the mother as being more aware of physical abuse and that she has a greater potential to intervene in the physical abuse. Clinicians' perceptions of the role of the mother in father-daughter abuse and the effects these perceptions may have on treatment warrant further investigation. Also, fathers were blamed significantly more for sexual abuse than for their physical abuse, suggesting that clinicians may differentially treat clients based on situational factors. Although the nature of these effects are poorly understood,

clinician awareness of these potential biases may be considered an important component in child abuse treatment training programs.

There were no changes in responsibility attributed to the daughter in this study. This result did not replicate Kalichman and Craig's (1986) finding that victims were blamed more as adolescents than children. It is possible that the discrepancy is an artifact of the measurement procedures. Kalichman and Craig utilized a within subjects manipulation of victim age. Therefore, subjects judged relative levels of responsibility for one case versus another. The present results were based on a single case, where subjects were not asked to differentially assign levels of attribution. Clinically, the present situation appears more meaningful, in that clinicians are likely to interpret cases as they come in rather than hold one case against another in direct comparison. However, Kalichman and Craig's (1986) results may have been tapping some level of clinical judgment not measured in the present instrument. Given the clinical importance of responsibility attribution (Alexander, 1980; Schneider, Hastorf, & Ellsworth, 1979), further research is needed to clarify the factors that may contribute to clinicians' patterns of responsibility attribution towards family members involved in child abuse.

References

Alexander, C. S. (1980). The responsible victim: Nurses' perceptions of victims of rape. Journal of Health and Social Behavior, 21, 22-33.

Alexander, C. & Becker, H. (1978). The use vignettes in survey research. Public Opinion Quarterly, 42, 93-104

Florida State Statutes ann. (1983). Abuse of children or disabled persons, Section 827.07.

James, J., Womack, W. & Strauss, F. (1978). Physician reporting of sexual abuse of children. Journal of the American Medical Association, 240, 1145-1146.

Kalichman, S. C., & Craig, M. E. (1986 March). The mental health professional and the incest victim who we blame and when we report paper presented at the meeting of the Southeastern Psychological Association, Orlando, Florida.

Kalichman, S. C. & Craig, M. E. (In press). Victims of incestuous abuse: Mental health professionals' attitudes and reporting. Victimology: An International Journal.

McPherson, K. & Garcia, L. (1983). Effects of social class and familiarity on pediatricians' responses to child child abuse. Child Welfare, 62, 307-313.

Muehleman, T., & Kimmons, C. (1981). Psychologists' views on child abuse reporting, confidentiality, life, and the law: An exploratory study. Professional Psychology, 12,631-637.

Nightingale, N. & Walker, E. (1986). Identification and reporting of child maltreatment by Head Start personnel: Attitudes and experiences. Child Abuse and Neglect, 10, 191-199.

Pierce, R. & Pierce, L. (1985). Analysis of sexual abuse hotline reports. Child Abuse and Neglect, 9, 37-45.

Schneider D.J., Hastorf, A.H. and Ellsworth, P.C. (1979). Person Perception. Massachusetts: Addison-Wesley.

Stelman, L. M. (1981). Attribution of responsibility to differing aged victims as a function of beliefs concerning the scope, and the effects of incestuous abuse. Unpublished manuscript, Pennsylvania State University.

Switoda, J. S., Elwork, A., Sales, B. D., & Levine, D. (1978). Knowledge of and compliance with privileged communication and Child-Abuse-Reporting Laws. Professional Psychology, 9, 448-458.

Turbett, J.P. & O'Toole, R. (1983). Teachers' recognition and reporting of child abuse. Journal of School Health, 53, 605-608

Williams, M. E., Osborne, Y. H., & Rappaport, N. B. (1985 March). Child abuse reporting laws: Differences among professional groups in tendency to report and knowledge of law. Paper presented at the meeting of the Southeastern Psychological Association, Atlanta.

Figure 1
Five year old sexually abused under high certainty experimental vignette

The following is a hypothetical situation involving a girl who has been referred to you by one of her school teachers. After reading the description below please complete the questions that follow.

Amy is a five year old girl who lives at home with her mother, father and younger brother. She has been referred to see you by her physical education teacher. The teacher is concerned because Amy became upset and said that she did not want to be touched when a teacher patted her on the back and she has also been refusing to change into her swimsuit for swimming class. Her teacher tells you that her concern is over the possibility of Amy being sexually abused at home.

Upon first meeting her you notice that Amy appears neat and clean and seems to be in reasonably good health. When you begin to ask Amy about her home life, specifically about her relationship with her father, Amy begins to cry and seems upset. However, she opens up to you and reveals a full and detailed description of her home situation in which her father sexually abuses her.

Table 1
Tendency to Report as a Function of Professional Position
n=101

	Bachelors Level	Masters Level	Nurses	Psych-ologists	Psychia-trists	
Report-ing	36	28	11	6	2	83
Not Report-ing	3	13	0	1	1	18
	39	41	11	7	3	101